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**** CONTINUING DATA *******
None

**** FOREIGN APPLICATIONS *******
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/17/2004**

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| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 4 | TOTAL CLAIMS 21 | INDEPENDENT CLAIMS 6 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: _____ | | | | |

ADDRESS
04743

TITLE
Depth limiting safeguard for channel machining

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| FILING FEE RECEIVED 1046 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
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